Veterans Medical Transport

Infectious Disease Guidelines

Provided by
ELITE HEALTHCARE
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INTRODUCTION

It is the purpose of this policy to provide employees with guidelines for preventing the contraction of communicable diseases. In addition, these guidelines describe the action required if an exposure occurs.

EMPLOYER RESPONSIBILITY

- Teach all personnel about modes of transmission and prevention of infection from bloodborne and airborne pathogens.
- Emphasize the need for routine universal blood and body fluid precautions.
- Provide equipment and supplies necessary to minimize the risk of contracting an infectious disease from a patient.
- Monitor employee adherence to recommended protective measures.

EMPLOYEE RESPONSIBILITY

- Learn the basics of infection control including modes of disease transmission and exposure risks.
- Compliance with policies and procedures in these infectious disease guidelines.
- No smoking, eating, drinking, or application of make-up in patient care areas to avoid contamination.

SPECIAL CONSIDERATIONS

- It is imperative that all symptomatic patient are asked about possible exposure to endemic and / or epidemic illness
    - For example, patients should be screened for travel to or exposure to individuals who have travelled to areas of concern (i.e. Ebola in Africa)
    - See **Guidance for Transport of Potential Ebola Patients** in the appendix

IMMUNIZATIONS AND VACCINATIONS

- Immunizations reduce the risk of contracting a communicable disease. This protects the health of personnel and their families.
- Recommended vaccinations include:
    - Hepatitis B
    - MMR (measles, mumps, rubella)

    - DPT (diphtheria, polio, tetanus)
    - Influenza (yearly)
    - Varicella (if non-immune)
- Employees are responsible for ensuring that all recommended vaccinations are up to date.

TRAINING

- Agency will ensure that training is provided at the time of the initial assignment to tasks where occupational exposure may occur.
- Training will be repeated within twelve months of the previous training.
- Training shall be tailored to the education and language level of the employee.
- Training will be interactive and cover the following:
    - A copy of these guidelines and an explanation of its contents
    - A discussion of the epidemiology and symptoms of communicable diseases
    - An explanation of the modes of transportation of communicable diseases
    - The recognition of tasks that may involve exposure
    - An explanation of the use and limitations of methods to reduce exposure
    - Information on the types, locations, removal, handling, decontamination and disposal of PPE (personal protective equipment)
    - Information on the Hepatitis B vaccine
    - Actions to take and people to contact if an exposure occurs

BODY SUBSTANCE ISOLATION

Overview: Body substance isolation should be used for all patient contacts if the EMS provider may be exposed to blood or other body fluid.

INFORMATION NEEDED:

- Assume all patients are carriers of infectious / contagious disease.
- Employer will provide medically appropriate personal protective equipment (PPE). This equipment must not allow blood or other infectious material to pass through to employee's clothing, skin, eyes, mouth, or other mucous membranes.
- Personal protective equipment must in appropriate sizes and readily available at the work site.
- Always wear appropriate personal protective equipment if an exposure is possible. This may include:
    - Gloves (fluid impermeable)
    - Gown (fluid impermeable)
    - Mask in combination with eye protection devices (goggles, glasses, or shield)
    - Plastic mouth piece or other authorized barrier / resuscitation device if needed for mouth to mouth resuscitation
- If disease etiology dictates, mask and cover patient to minimize exposure.
- Review patient chart for specific contagion.
- Make sure proper PPE is available prior to patient contact.

USE PERSONAL PROTECTIVE EQUIPMENT (PPE):

- Potential respiratory contagion in a closed ambulance environment
- Potential contagion from blood or any other body fluid
- Potential contagion during an invasive procedure (e.g. needle stick)

RECOMMENDATIONS:

- Gloves should be worn when handling blood, body fluid, mucous membranes, non-intact skin, and body tissue. Double glove if necessary.
- Hands must be washed with water and soap after glove removal and in between patient contacts.
- If splash of blood or body fluid is possible, a full-face shield or goggles and facemask should be worn. A gown should also be worn.
- For emergency ventilation, a resuscitation mask with one-way valve and filter or a bag-valve mask should be used.

- Place all soiled linen in a properly marked biohazard laundry bag before sending to laundry or leaving at hospital.
- If provider has a skin break (cut, abrasion, dermatitis, etc.) place gloves and appropriate waterproof bandaging prior to patient contact.
- Be vaccinated and have proper annual testing per agency requirements.

DISINFECTION:

- Disinfection is reducing the number of disease-producing organisms by physical or chemical means.
- Personnel should clean items with soap and water, then apply a disinfecting solution.
- Solutions such as chlorine bleach and water at a 1:10 dilution ratio are acceptable disinfectants. A fresh disinfectant solution must be made every day.
- Other types of disinfecting solutions are acceptable as long as they have an EPA registry number and show that they are effective against bacteria, virus, and mycobacterium tuberculosis.

STERILIZATION / HIGH-LEVEL DISINFECTION:

- High-level disinfection is the use of chemical liquids for sterilization.
- Personnel should disinfect the items and then place the item is special solutions for a prescribed time.
- Items must then be rinsed with water.
- Cidex (a chemical sterilization agent) or equivalent is an acceptable high-level disinfectant when used according to manufacturer's directions.

CARE OF SPECIFIC CONTAMINATED EQUIPMENT:

CLEANING KEY:

= Dispose
= Cleaning (household or industrial cleaner)
= Disinfection (1:10 bleach/water solution)
= High level disinfectant (Cidex)
= Launder
= 1:100 bleach/water solution

ARTICLE CLEANING PROCEDURE:

Airways (ET tubes, Oropharyngeal, Nasopharyngeal)	1
B/P cuffs	2
Backboards	2 and 3
Bag-valve masks	1
Bite sticks	1
Bulb syringe	1
Nasal cannulas, masks	1
Cervical collars	1 or 2 and 3
Dressings and paper products	1
Drug boxes	2 and 3
Electronic equipment	see below
Emesis basins	1
Humidifiers, regulators, tanks	2 and 3
Laryngoscopes, blades	2, 3, and 4
Linens	1 or 5
Needles, syringes	1
Penlights	1 or 2 and 3
Pocket mask	1 or 2, 3, and 4
Restraints	2 and 3
Scissors	2 and 3
Splints	2 and 3
Stethoscope	2 and 3
Stretcher	2 and 3
Stylets	1 or 4
Suction catheters	1
Suction unit	2 and 3
Uniforms	5
Vents	6

Electronic equipment is vulnerable to damage by water-based solutions and other solvents. Follow the equipment manufacturer's disinfecting guidelines for each particular item and surface. Remember to unplug, turn off, and disconnect from batteries before cleaning.

BIOHAZARD WASTE:

- When personnel generate biohazard waste at an encounter, it is their responsibility to dispose of that material in a properly marked biohazard container.
- Each EMS vehicle will have at least one biohazard container available for use.

- Each agency office will have at least one large container with a designated area for the storage and pick up of biohazard waste.
- When preparing a biohazard container for disposal, personnel will wear both gloves and eye protection.

SHARP INSTRUMENTS:

- To prevent needle sticks, contaminated needles and other sharp implements will not be:
    - Recapped with two hands
    - Purposely bent or broken by hand
    - Removed from disposable syringes
    - Otherwise manipulated with two hands
- One handed recapping may be used only if failure to recap would create an even greater hazard.
- All EMS vehicles are equipped with puncture resistant containers (sharps container) to dispose of needles, syringes, and other sharp items.
- Sharps containers must be properly sealed after use and before delivery to agency office for proper disposal.

HOUSEKEEPING:

- Personnel are responsible for maintaining a clean and sanitary workspace. The vehicle unit and equipment will be cleaned and decontaminated according to the following schedule:

    - After each call in which there were body fluids that may have contacted the equipment or any part of the vehicle.
    - At the start of each shift with emphasis on cabinets, shelves, walls, floors, and ceiling of vehicle.
    - At the end of each shift if surfaces may have been contaminated since the last cleaning.

LAUNDRY PROCEDURS:

- Laundry contaminated with infectious materials will be handled as little as possible.
- Such laundry will be placed in appropriately marked bags at the location where it was used.
- All personnel who handle contaminated laundry will utilize personal protective equipment.

- Contaminated laundry must be delivered in appropriate bag to a location for appropriate laundering.

DOCUMENTATION OF ADHERENCE TO GUIDELINES:

- Patient encounter documentation should include:
    - PPE used
    - Nature of potential contagion
    - That proper decontamination / cleaning was performed after encounter

BODY SUBSTANCE EXPOSURE

OVERVIEW

Body substance and infectious disease exposure is a significant risk for EMS providers. This protocol serves as a guideline for exposure reporting, pre-exposure procedure, and post-exposure procedure. Please keep in mind that all hospital Emergency Departments should have an Infection Prevention and Control protocol in place and when presenting to an emergency department after an exposure that protocol will serve as your guideline.

POST EXPOSURE INCIDENT PROTOCOL:

- Report incident immediately to supervisor utilizing the **Communicable Disease Exposure Report Form** (example in appendix).
- Personnel will immediately wash the exposed area with soap and water and copious water or saline eyewash if the eyes are involved. Waterless cleaner is acceptable as an interim measure if soap and water are not available on-scene.
- Personnel will report immediately to the nearest Emergency Department Charge Nurse for evaluation and treatment if a significant exposure has occurred.
    - ***A Significant exposure is when blood or body fluid is in or on non-intact skin or on mucus membrane or in eyes.***

WORK RESTRICTIONS:

- Under certain circumstances, personnel may be prescribed work restrictions by an evaluating physician. These restrictions may be for infection control purposes or other medical reason.
- Members who are pregnant must provide the agency with written documentation from their private physician indicating the extent of any work limitations.
- Any personnel with an easily communicable disease, such as an acute respiratory infection, may be assigned to duty that does not require patient contact.

INFORMATION NEEDED:

- Please see the **Communicable Disease Exposure Report Form**. The form must be complete in total so please ensure that all information is available prior to patient transport.

OBJECTIVE FINDINGS:

- Significant exposure is when blood or body fluid is in or on non-intact skin (a wound) or on mucus membrane or in eyes.
- A non-significant exposure is when blood or body fluid is on intact skin, clothing, or personal protective equipment.

DISINFECTION:

- Any unprotected skin that comes into contact with body fluid fluids will be thoroughly washed as soon as possible with hot running water and soap for at least 15 seconds before rinsing and drying.
- Alcohol or antiseptic may be used where soap and water are unavailable.

RECOMMENDATIONS:

- If a significant exposure occurs, report to the charge nurse of the receiving or closest Emergency Department.
- Each hospital has specific procedures for pre-hospital exposure. E.D. Charge Nurse and medical provider will give specific guidance for reporting, treatment, and follow-up care.
- The appropriate hospital, system, and agency incident reports must be completed. Once completed the forms will be turned into the Emergency Department Charge Nurse and appropriate agency officer.
- The appropriate person in the Emergency Department will evaluate the exposure and determine if a significant exposure has occurred.
- If a significant exposure has occurred, the Emergency Department Charge Nurse or appropriate designee will implement the hospital specific response procedure. This may include baseline blood test on EMS provider and host patient, interviewing and counseling of risks to EMS provider, follow-up information and / or referral, and potential prophylaxis treatment.
- The response action will be documented on **Communicable Disease Exposure Report Form** and will be forwarded to the EMS agency supervisor.
- EMS agency officer will follow-up within 48 hours of receipt of report to ensure procedure has been followed and notification and follow-up has occurred.

APPENDIX

Veterans Medical Transport

COMMUNICABLE DISEASE EXPOSURE REPORT FORM

PERSON POTENTIALLY EXPOSED	
Name:	Work Phone:
Employer:	Home Phone:
Employer address:	
☐ Completed Hep. B vaccination series ☐Partial Hep. B series ☐No Hep. B vaccinations	
SOURCE PERSON FOR POTENTIAL EXPOSURE	
Name:	Home Phone:
Date of birth:	Record number:
Home address:	
INCIDENT REPORT	
Date of incident:	Time of incident:
Ambulance #	Current date:
Location of incident:	Patient transported to:

TYPE OF EXPOSURE

☐ Mouth to mouth resuscitation - without protective device
☐ Needle stick injury – with used / non-sterile needle
☐ Blood or body fluid splashed into ➔ ☐Eyes ☐Mouth ☐Wound
☐ Meningitis
☐ Close exposure to person with TB ➔ ☐Known TB ☐Suspected TB
☐ Other risk exposure ➔ Please describe:

Precautions / PPE used during this exposure: ☐Gloves ☐Gown ☐Face shield
☐ Eye protection ☐N95 mask
☐ Other:_____

How soon after exposure were you able to cleanse the exposed site:_____

Other information regarding the exposure:

_____

REPORTING

E.D. Charge Nurse whom this form is submitted to:	Address:

Name of person completing this form: Phone:

Recommendations/Actions Taken:

Tests performed:

Treatments provided / prescribed:

I received this exposure report and provided one copy to the exposed person named above.

_____ _____ _____

Signature of medical facility employee Date Time

Guidance for Transport of Potential Ebola Patients

(1.) Consider patient as possible Ebola case when there is travel history to Ebola outbreak region (Africa) within last 21 days **OR** exposure to a person known to have Ebola **AND** Ebola symptoms. (For involved countries see www.cdc.gov/vhf/ebola.) Patient may have fever or have headache, muscle aches, vomiting, diarrhea, abdominal pain or unexplained hemorrhage.

(2.) A patient with any of the above-mentioned symptoms, but no fever, should also be treated as a possible Ebola case if there is a positive travel history to the outbreak region within the past 21 days and there has been a high risk exposure (such as needle stick or exposure to body fluids from Ebola victim without adequate PPE).

(3.) For possible Ebola cases do the following:

- Implement standard, contact, and respiratory droplet infection prevention precautions
- Gloves, fluid-resistant gowns, eye protection, and facemasks are essential
- If there are copious body fluids, use double gloves, disposable shoe covers and leg coverings
- Limit pre-hospital procedures to those that are absolutely necessary
- If intubation or nebulizer treatment is required, medic should wear N95 mask
- Notify receiving facility of possible Ebola case enroute
- Upon hospital arrival, avoid transporting patient through waiting rooms
- Do not leave patient unattended
- Careful cleaning of EMS unit and safe handling of potentially contaminated material is essential

GUIDANCE FOR AMBULANCE PERSONNEL CONCERNING CORONAVIRUS (COVID-19)

All Ambulance Personnel are at risk for exposure to COVID-19. We will follow all recommendations and guidelines provided by the CDC. Most if not all Health Care facilities and patient care businesses are following the CDC guidelines.

Please print and distribute the following guidelines to all employees and personnel. All personnel need to read and be familiar with these guidelines:

EMS general guidance:
https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-for-ems.html

If exposed to COVID-19:
https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assesment-hcp.html

Return to work criteria after confirmed or suspected COVID-19 illness:
https://www.cdc.gov/coronavirus/2019-ncov/healthcare-facilities/hcp-return-work.html

KEY CLINICAL POINTS:

1. Always communicate with the patient pick-up facility prior to arrival.
2. If the patient is a person under investigation (PUI) for possible COVID-19 or if the patient has fever, cough, or shortness of breath put on personal protective equipment (PPE) prior to entering the pick-up facility. PPE for this type of exposure includes mask, face shield or goggles, gown, and gloves.
3. If the patient is a PUI or there is fever, cough, or shortness of breath the patient must be wearing a mask. This is probably the most important thing for infection control. Confirm that the patient is wearing a mask before entering the pick-up facility.
4. If transporting a known COVID-19 case, wear all PPE and patient must be wearing a mask.
5. If the patient history is unclear when you call the pick-up facility, your initial assessment should be done from a distance of at least 6 feet from the patient. If initial assessment and questioning reveals fever, illness, cough, or shortness of breath, Place PPE on yourself and then immediately place a mask on the patient.
6. Limit the number of personnel in the patient compartment of ambulance to only essential providers. Family members may not ride with patient if patient is PUI or ill.
7. If patient is a concern for COVID-19 do not perform any aerosol-generating procedures without medial control approval. This includes nebulizer treatments.

VEHICLE CLEANING:

These instructions are for cleaning the vehicle after transporting a PUI or a patient with fever, cough or shortness of breath or a known case of COVID-19. These instructions are in addition to your standing Infectious Disease Guidelines that were previously provided.

1. After transport, leave the back doors to the vehicle open to allow air changes. The time it takes to complete transfer of patient and finish all documentation should provide sufficient air changes.
2. When cleaning a vehicle personnel should wear disposable gown and gloves. A face shield or facemask should be worn if splashes or sprays during cleaning are anticipated.
3. Doors should remain open during cleaning.
4. Use household or industrial cleaner to pre-clean all surfaces prior to disinfection.
5. Disinfection – apply an EPA-registered, hospital-grade disinfectant (Cidex or similar product) to frequently touched surfaces or objects for the appropriate contact time as indicated on the products label.
6. Thoroughly clean and disinfect any and all surfaces that may have come into contact with patient or yourself during the transport.

These Infectious Disease Guidelines are approved by:

2024-04-01

Medical Director Signature | Date

2024-04-01

EMS Director Signature | Date